

KANSAS CORPORATION COMMISSION
OIL & GAS CONSERVATION DIVISION

ORIGINAL

Form ACO-1
October 2008
Form Must Be Typed

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # 30076

Name: A & A PRODUCTION

Address 1: PO BOX 100

Address 2: _____

City: HILL CITY State: KS Zip: 67642 + _____

Contact Person: ANDY ANDERSON

Phone: (785) 421-6266

CONTRACTOR: License # 33237

Name: ANDERSON DRILLING

Wellsite Geologist: SCOTT ALBERG

Purchaser: _____

Designate Type of Completion:

- New Well _____ Re-Entry _____ Workover
 - _____ Oil _____ SWD _____ SIOW
 - _____ Gas _____ ENHR _____ SIGW
 - _____ CM (Coal Bed Methane) _____ Temp. Abd.
 - Dry _____ Other _____
- (Core, WSW, Expl., Cathodic, etc.)

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

_____ Deepening _____ Re-perf. _____ Conv. to Enhr. _____ Conv. to SWD

_____ Plug Back: _____ Plug Back Total Depth

_____ Commingled Docket No.: _____

_____ Dual Completion Docket No.: _____

_____ Other (SWD or Enhr.?) Docket No.: _____

04-19-10 04-28-10 04-28-10

Spud Date or Date Reached TD Completion Date or
Recompletion Date Recompletion Date

API No. 15 - 179-21252-00-00

Spot Description: _____

SE NW SE SE Sec. 35 Twp. 9 S. R. 26 East West

880 Feet from North / South Line of Section

700 Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

NE NW SE SW

County: SHERIDAN

Lease Name: BREEDEN Well #: 2-35

Field Name: UNKNOWN

Producing Formation: _____

Elevation: Ground: 2562 Kelly Bushing: _____

Total Depth: 4080 Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: 251 Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan D+A AH II NR
(Data must be collected from the Reserve Pit) 5-18-10

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License No.: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Docket No.: _____

INSTRUCTIONS: An original and two copies of this form shall be filed with the Kansas Corporation Commission, 130 S. Market - Room 2078, Wichita, Kansas 67202, within 120 days of the spud date, recompletion, workover or conversion of a well. Rule 82-3-130, 82-3-106 and 82-3-107 apply. Information of side two of this form will be held confidential for a period of 12 months if requested in writing and submitted with the form (see rule 82-3-107 for confidentiality in excess of 12 months). One copy of all wireline logs and geologist well report shall be attached with this form. ALL CEMENTING TICKETS MUST BE ATTACHED. Submit CP-4 form with all plugged wells. Submit CP-111 form with all temporarily abandoned wells.

All requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Signature: Judy Anderson

Title: OPERATOR Date: 5-12-10

Subscribed and sworn to before me this 12th day of May

10

Notary Public: Rita A. Anderson

Date Commission Expires: January 21, 2012

KCC Office Use ONLY

Letter of Confidentiality Received

If Denied, Yes Date: _____

Wireline Log Received

Geologist Report Received

_____ UIC Distribution

NOTARY PUBLIC
STATE OF KANSAS
RITA A. ANDERSON
NOTARY PUBLIC
STATE OF KANSAS
My App. Exp. 1-21-12

RECEIVED
MAY 17 2010
KCC WICHITA

Operator Name: A & A PRODUCTION Lease Name: BREEDEN Well #: 2-35
 Sec. 35 Twp. 9 S. R. 26 East West County: SHERIDAN

INSTRUCTIONS: Show important tops and base of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed. Attach copy of all Electric Wireline Logs surveyed. Attach final geological well site report.

Drill Stem Tests Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>(Submit Copy)</i> List All E. Logs Run:	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input checked="" type="checkbox"/> Sample <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">Name</td> <td style="width:20%;">Top</td> <td style="width:20%;">Datum</td> </tr> <tr> <td>ANHYDRITE</td> <td>2193</td> <td>+ 374</td> </tr> <tr> <td>B/ANHYDRITE</td> <td>2228</td> <td>+ 339</td> </tr> <tr> <td>TOPEKA</td> <td>3582</td> <td>-1015</td> </tr> <tr> <td>HEEBNER</td> <td>3783</td> <td>-1226</td> </tr> <tr> <td>TORONTO</td> <td>3813</td> <td>-1246</td> </tr> <tr> <td>LANSING</td> <td>3827</td> <td>-1260</td> </tr> <tr> <td>B/KANSAS CITY</td> <td>4058</td> <td>-1491</td> </tr> </table>	Name	Top	Datum	ANHYDRITE	2193	+ 374	B/ANHYDRITE	2228	+ 339	TOPEKA	3582	-1015	HEEBNER	3783	-1226	TORONTO	3813	-1246	LANSING	3827	-1260	B/KANSAS CITY	4058	-1491
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CASING RECORD <input checked="" type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives
SURFACE	12 1/4"	8 5/8"	20	251	COM	160	3% CC; 2% GEL

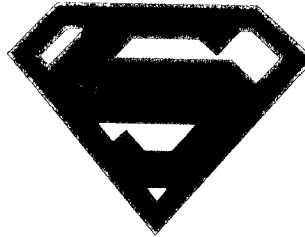
ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	#Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth
		RECEIVED MAY 17 2010 KCC WICHITA	

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of First, Resumed Production, SWD or Enhr.		Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other (Explain)		
Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <input type="checkbox"/> Other (Specify) _____	PRODUCTION INTERVAL: _____ _____
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Schippers Oilfield Services LLC
 RR 1 Box 90D
 Hoxie, KS 67740



Invoice

Date 4/30/2010
 Invoice # 442

Bill To
 A&A Production
 PO box 100
 Hill City, KS 67642

Lease/Service
 Breeden 2-35

Breeden #2

Service Date 4/28/2010
Due Date 5/30/2010
Terms Net 30

Item	Description	Qty	Price	Amount
cement	common	123	14.50	1,783.50T
Pozmix		82	8.50	697.00T
Gel	Bentonite	8	26.00	208.00T
Flo Seal		51.25	2.25	115.31T
handling of materials	per sack	205	1.95	399.75
mileage and labor			500.00	500.00
pump truck charge	pumping job	1	1,250.00	1,250.00
pumptruck mileage	one way to location	25	6.50	162.50
Plug 8 5/8 wooden		1	69.00	69.00T

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MAY 17 2010

KCC WICHITA

*Ads-5-10
 CK 4042*

TAKE ~~10%~~ 15% DISCOUNT IF PAID WITHIN 20 DAYS. DEDUCT FROM TOTAL.

15%

Thando Smith

Subtotal \$5,185.06
 Sales Tax (7.3%) \$209.72
 Total \$5,394.78
 Payments/Credits \$0.00
 Balance Due \$5,394.78

Schippers Oilfield Services LLC
 sosllc@ruraltel.net
 FAX: 785.675.9938

Cell: 785.675.8974
 Office: 785.675.9991

809.21
4585.57



PO BOX 31 Russell, KS 67665

INVOICE

Invoice Number: 122457

Invoice Date: Apr 19, 2010

Page: 1

Voice: (785) 483-3887
 Fax: (785) 483-5566

Bill To:
A & A Production P O Box 100 Hill City,, KS 67642-0100

Customer ID	Well Name/# or Customer P.O.	Payment Terms	
A&APro	Breeden #2-35	Net 30 Days	
Job Location	Camp Location	Service Date	Due Date
KS1-01	Great Bend	Apr 19, 2010	5/19/10

Quantity	Item	Description	Unit Price	Amount
96.00	MAT	Class A Common	13.50	1,296.00
64.00	MAT	Pozmix	7.55	483.20
3.00	MAT	Gel	20.25	60.75
6.00	MAT	Chloride	51.50	309.00
80.00	SER	Handling	2.25	180.00
40.00	SER	Mileage 80 sx @.10 per sk per mi	8.00	320.00
1.00	SER	Surface	991.00	991.00
40.00	SER	Pump Truck Mileage	7.00	280.00

RECEIVED
 MAY 17 2010
 KCC WICHITA

*105-5-10
 CK 4040*

ALL PRICES ARE NET, PAYABLE
 30 DAYS FOLLOWING DATE OF
 INVOICE. 1 1/2% CHARGED
 THEREAFTER. IF ACCOUNT IS
 CURRENT, TAKE DISCOUNT OF

\$ 979.99

ONLY IF PAID ON OR BEFORE
May 14, 2010

Subtotal	3,919.95
Sales Tax	135.38
Total Invoice Amount	4,055.33
Payment/Credit Applied	
TOTAL	4,055.33

*- 979.99
 3075.34*